



Town of Grafton
Emergency Contact Information / Change of Address Form

Department: _____

Print Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

1. Emergency Contact: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

2. Emergency Contact : _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Employee Signature: _____

Date: _____